

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <i>09 206 076</i>		FILING DATE <i>11-3-00</i>	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
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TOTAL IND.	4						TOTAL IND.		
TOTAL DEP.	13						TOTAL DEP.		
TOTAL CLAIMS	17						TOTAL		